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No. 1268 P. 2/3

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Zilla Higgs	(Depositor's name)
<i>Zilla Higgs</i>	(Signature)
6-23-06	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/649,294	08/26/2003	Christopher T. Maus	4L01.1-065	5468

TITLE OF INVENTION: HEALTH MONITORING AND DIAGNOSTIC DEVICE AND NETWORK-BASED HEALTH ASSESSMENT AND MEDICAL RECORDS MAINTENANCE SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/05/2006
EXAMINER	ART UNIT		CLASS-SUBCLASS		
SIEFKE, SAMUEL P	1743		422-068100	06/26/2006 TBESHAWP 000000039 10619294	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Michael J. Mehrman Mehrman Law Office P. 209 60 00 3
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lifestream Technologies Inc.

Post Falls, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Michael J. Mehrman

Date June 23, 2006

Typed or printed name Michael J. Mehrman

Registration No. 40,086

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No.1268 P. 1/3

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FAX

To: Mail Stop Issue Fee
United States Patent and Trademark Office
Fax: (571) 273-2885

From: Zilla Higgs for
Michael J. Mehrman, Esq.
Pages: 3 including cover

Phone: Date: June 23, 2006

Re: Non-Provisional Patent Application for the invention
**Health Monitoring and Diagnostic Device and Network-Based
Health Assessment and Medical Records Maintenance System**
Serial No.: 10/ 649,294
Our Ref. No.:4L01.1-065

Urgent For Review Please Comment Please Reply Please Recycle
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